NEWTON PARKS & RECREATION DEPARTMENT Auburndale Station Summer Program

Registration - 2012

Name			School	Fall '1	2 Grade	_ DOB
Address			Ci	ty	Zip	
Parent(s)			Phone (H)_		(W)	
Emergency Con	ntact			Phon	e	
T SHIRT SIZE:	Youth Sm	outh Med Y	outh Lg A	Adult Sm Adul	t Med	Adult Lg
Is your child tak	ing any medication tha	at needs to be admir	nistered at Auburi	ndale Station?		
daily n	nedication	Inhaler	ер	oi pen allergic to		
DATEO			******	********		
DATES (che	ck weeks you wish t			Hours (ci	rcle one)	
Week One:	July 2 - Ju	lly 6	(no camp \	Nednesday)		
Week Two:	July 9 - Jul	y 13		Standard Day	8:3	30 - 3:30
Week Three:	July 16 - J	uly 20				
Week Four:	July 23 – J	uly 27		Extended Day	8:0	00 - 5:00
Week Five:	July 30 - A	ugust 3				
Week Six:	August 6 -			Extended Till 6		00 - 6:00
TUITION – F				egister starting March		
	Standard Day	Extended Da		stended Till 6	, 2012	
Residents	\$160.00/week	\$205.00/wee	_	225.00/week		
Non Residents	\$170.00/week	\$215.00/wee	·	235.00/week		
Week 1 is \$30.0	00 less and will not run	on Wednesday.		nents received after M	ay 15, 2012.	
TOTALC	******	******	******	*******	*****	
	k x Weeks				\$	
Plus Late Fee if	applicable					
Deposit due v	with Registration (30.00 per week i	minimum)		\$	
-	_ ,	-	•	d will be deducted fron	n the total due.	
Balance Due				ala marrabla ta Citro at l	\$	
	oth sides of this form a and Recreation * Attn:			ade payable to City of wton, MA 02458	Newton) to:	
	Δ.	uburndale Statio	n Cradit Card [Payment Form		
Payment may a				fill out the information	below to pay b	by credit card.
Last Name		First Name		Home Phone	Work Phone	e
Street		City	State Zip Code Amount		nount	
				Visa	Master Car	rd
Credit Card Nur	mber	Expiration [)ate			

Newton Parks and Recreation Department Auburndale Station Summer Program Medical Release Form - 2012

	ontact me in the event of an emergency requiring medic	
Auburndale Station Summer Program to transp	However, if I cannot be reached, I hereby authorized ort my child to the Newton Wellesley Hospital, or for my child the necessary medical treatment. I unders	
designated staff members at the Auburndale St	tation Summer Program are trained in the basics of First them to administer immediate First Aid to my child with the basics of First Aid to my child with the basic and the basic	st Aid and
Signature of Parent(s)/Guardian(s)	Date	

	ility and Indemnity For Participation In The Auburndale Station Summer Program	Newton
forever RELEASE, acquit, discharge and cover of the Commonwealth of Massachusetts, and it agents, of and from any and all actions, causes expenses and compensation on account of, or unknown personal injuries or property damages guardian(s) of said minor, and also all claims or may acquire, either before or after his/her partic Program. FURTHERMORE, I/WE hereby agre officers, employees, servants and agents again the part of said minor growing out of or resulting in, and field trips with, the said Auburndale Stat good to the City of Newton or its successors, dedamage or cost, including attorney's fees, the Commonwealth of the City of Newton or its successor of the City of Newton or it	of	a. I/WE corporation ints and services, ivn and s) or hereafter Summer artments, herwise on rticipation r make any loss or any
Signature of Parent(s)/Guardian(s)	Relationship Date	
Witness	DRM MAY NOT BE ALTERED	

Auburndale Station Summer Program	n - PHOTO RELEASE	
	do hereby grant permission city for the Auburndale Station Summer Program. I undon the website, or in future brochures for the Newton Particle Summer Program.	lerstand
Signature of Parent(s)/Guardian(s)	Date	